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CONFIRMATION NO. 2799

<b>SERIAL NUMBER</b> 10/795,830	<b>FILING OR 371(c) DATE</b> 03/08/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> ZIM0417
<b>APPLICANTS</b> James E. Grimm, Winona Lake, IN; Shawn E. McGinley, Fort Wayne, IN;				
** CONTINUING DATA ***** This application is a CIP of 10/325,088 12/20/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/24/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 41
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
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<b>TITLE</b> Navigated orthopaedic guide and method				
<b>FILING FEE RECEIVED</b> 1234	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	